

## Vancouver 2010

### From a Health Protection Perspective



With a big sigh of relief (or was it exhaustion) the EHOs at Vancouver Coastal Health watched as the Closing Ceremonies of both the Olympic and Paralympic Winter Games concluded at the end of February and mid-March. Who would have thought back on July 2, 2003 when we huddled around the office TV screen to see Vancouver awarded the 2010 Winter Games, that delivering public health services to the Olympic Games would have entailed and how much satisfaction was involved.

That day kicked off over 6 years of planning, including the requisite visits on my part to Salt Lake City and Torino (hey, part of the job!). We adopted their best practices and developed some of our own, based loosely on the experiences of others with food safety, drinking water quality and waste removal at mass gathering events.

Some of the key elements of our plan were:

- Operate without any additional resources (hey, not our choice, but we delivered!);
- Blitzing our existing 7000 food service establishments in the 6 months leading up to the Games;
- Modifying our EHOs work schedule to allow for 18 hour/day, 7 day a week coverage, utilizing 4 on/4off staggered shifts of approximately 10 hours (including breaks);
- Utilizing teams of 2 EHOs at most venues and utilizing tablet technology with air cards to enter inspections in real time;

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## Message from the Editor



As I sit here and reflect on the Spring and this edition of the BC Page I cannot help but chuckle a little at the view out my window. Here we are, the beginning of May, and I can still see remnants of the snow that fell only yesterday. Here in the North, while it is officially springtime, it will still be a while before weather catches up with calendar. The same is true with me. This marks my first issue as Editor of the BC Page. Our former Editor, Alex Kwan, has stepped down after 15 great issues, but he is not gone completely! He has been immensely helpful showing me the ropes, offering assistance and suggestion and over all cheering me on for this first edition; Alex, I am very grateful. We are sad to see him go, but are happy to have had him at all. Alex spent the last four years putting countless hours into this page –

making it a page that ties all Environmental Public Health Professionals (EHP's) across BC together, keeping us connected, informed and interested.

Thank you Alex!

But he was not alone. Tim Roark and Isher Doel were quick to welcome me and get me on track for this issue. A special thanks to you both, I look forward to our future issues.

I begin as Editor with what I think is a thrilling issue. This is because of all of the exciting things going on in our province and our profession. I hope as you read through this issue you are as happy and proud of all the wonderful things happening in the province for EHPs and within our profession as I am.

Respectfully,

Sarah MacDougall,  
Editor

## BC Branch CIPHI 2010 Membership Drive Winner: DAN FERGUSON, IHA

**This year the BC Branch held a membership drive - all those who registered for regular membership by March 31, 2010 had the chance to win their membership free for a year! A draw was made of all eligible candidates April 22, 2010 in Dawson Creek, BC. Winner Dan Ferguson will receive a rebate cheque of \$175 for his 2010 membership.**

## BRANCH UPDATE



Spring has finally arrived. It is the season of unexpected weather, flowers and leaves budding on the sidewalks, and people busily maintaining their gardens. In British Columbia, it has been a very eventful, yet fruitful, few months for many of Environmental Public Health Professionals (EHPs').

The BC Branch's – Environmental Public Health Week 2010 was a great success. We were very fortunate and grateful to have many executives and members having various media exposures to talk about our essential profession in the communities. EPHP's in Northern Health had several segments talking about public health topics on Shaw Now. In Vancouver Island Health, EPHP's had sent public health statistic messages to the local radio stations which they played in various shows throughout the week. In Fraser Health, public health messages were distributed within the whole authority, and the EPHP's were recognized for their dedications to their communities. In Vancouver Coastal Health,

radio and newspaper interviews were conducted to discuss our essential work and hand hygiene to the public. Thank you all for your hard work in promoting and advocating our profession to the public!

Having talked about the media exposure of our profession, it is inevitable to mention our exposure in the public during Vancouver Winter Olympic 2010. Many EPHP's had spent countless hours conducting compliance inspections, while they enjoyed the excitement from the crowds and the athletes. Canadians do not only have most Gold medals in the history of the Winter Olympics, but we also have top-notch Public Environmental Health Professionals who spent countless hours conducting compliance checks and routine inspections on all VANOC facilities, celebration sites and houses. Much positive feedback was shared by the inspectors during and after the Olympics about their experiences with professionals from other countries. A big round of applause for preparing for the Olympics and working so hard during the Olympics!

As we stepped off the high-octane Vancouver Winter Olympics, many EPHP's have been busy in planning the International Federation of Environmental Health Congress 2010. We have invited many prestigious speakers who will present on the successes and challenges in Environmental Health in their countries. It will be a great opportunity to meet with delegates from around the world, and be able to share knowledge on their strategies in safeguarding Environmental Health. Moreover, there will be sessions about Vancouver 2010 Winter Olympics, which will share our own valuable experience learned and encountered during the games. It is too hard to miss out this wonderful opportunity to connect, share, and learn with other global delegates. Check out their website at [www.ifeh2010.org](http://www.ifeh2010.org).

The Branch has just held a membership promotion drive by giving one free CIPHI 2010 membership to a member who registered before March 31, 2010. Check out this edition for the winner, and our congratulations to the winner of this drive! For those members who have not renewed yet, your membership renewal is always welcome.

For those who have travel plans in this Summer, I wish that you have a restful and peaceful trip. For those who will be staying in beautiful British Columbia, enjoy the beauty from our Mother Nature!

Best Regards,

Gary Tam  
Vice President CIPHI BC – Branch





Canadian Institute of Public Health Inspectors

## Talking about Competencies and Professional Development for Environmental Public Health

We had the chance to talk with Phi Phan, President-Elect and CPC Project Coordinator of the Canadian Institute of Public Health Inspectors (CIPHI), about CIPHI's Continuing Professional Competencies (CPC) Program. Here is what we found out ...



Phi, what is the CPC Program all about?

Phi: Personally and professionally, I'm excited to see that we have kicked off CIPHI's CPC Program on January 1, 2010! The program was developed to ensure that Environmental Public Health Professionals (EHPs), such as Environmental Health Officers, Public Health Inspectors, and CPHI(C) holders working in industry, are equipped with the skills, knowledge, and abilities essential in their role of protecting the health of Canadians.

Why did CIPHI decide to develop such a program?

Phi: With the establishment of the Public Health Agency of Canada (PHAC), CIPHI was able to tap into a pan-Canadian movement to improve Canada's public health system following the SARS outbreak and other contemporaneous public health events. Under PHAC's leadership, competency development in professional public health associations was identified as a key strategy. CIPHI, thus, initiated the launch of the CPC initiative with the goal to develop a framework that is relevant to Environmental Public Health (EPH) within this larger context.

Since 2004, PHAC has provided financial support and leadership to assist with competency development activities in eight public health disciplines. Beyond EPH, support has also been given to community health nurses, dental health professionals, epidemiologists, medical officers of health, and others.

Who has been involved in developing the program?

Phi: There are way too many people to list! The final CPC Program is the result of a concerted effort of a large cadre of like-minded individuals, who felt that the status quo is not adequate if environmental public practice is to evolve to meet the needs of the future. Many participants have been volunteers and have all committed their talents and time freely and without hesitation. It's a romantic notion for sure, but just like I say in all of my CPC Program presentations, the CPC Program has truly been "by the profession for the profession."

How will the program benefit participants and employers?

Phi: The program allows professionals to self assess and improve their competency by directing and diversifying their Professional Development (PD) activities. In this way, the program can guide professionals' career development and improve the recognition and credibility of our profession.

Employers will also benefit from the program in several ways. It will help employers identify staff development and training needs, provide a rationale for securing funds to support workforce development and staffing, and assist with staff engagement.

Who should participate and is the program mandatory?

Phi: As of right now, participation in the CPC Program is only mandatory for Regular CIPHI members. CIPHI's long term goal is that all CPHI(C) holders must be members in order to maintain their credential.

If membership is not mandatory, why should someone maintain their membership in CIPHI if there is no requirement to participate in the CPC Program? Someone who does not participate in the program and is not a member still keeps their CPHI(C) credential, right?

Phi: For right now, that is correct. CIPHI is currently not in a position to impose mandatory membership upon all holders of the CPHI(C). Having said that, mandatory membership is a long-term goal of CIPHI and we need the support of members to reach that goal. The reason is that we are attempting to overlay a system that requires demonstration of continued professional development over a group that up until now hasn't had such a system. By participating, we are showing that we (me and every other Regular member of CIPHI) are taking an interest in our profession and its evolution. With that support, CIPHI can further provide evidence to employers to gather their support and buy-in of the CPC Program. Employer support is imperative - only then can we start imposing a measure of mandatory participation in the CPC Program and by extension, do we have a stronger position to start enforcing mandatory membership. This is a long-term project and we need those who already have taken an interest in the profession by maintaining their membership in CIPHI over the years to continue to support this initiative.

Can you tell me what the CPC Program involves step-by-step?

Phi: Sure, it's simple! CIPHI has developed a set of discipline specific competency statements. Starting in 2010, CPHI(C) holders will use the competencies to conduct a self assessment which can be used to guide PD activities. You can break the process down into five steps:

1. Use the defined competencies to conduct a self assessment
2. Use the summary of ratings from the self assessment to identify learning objectives
3. Review the PD Model requirements
4. Put the learning objectives into action and collect professional development hours (PDHs)
5. Submit PDHs to CIPHI

Ok I understand, but what are the PD requirements exactly?

Phi: Good question. As part of the CPC Program, CPHI(C) holders will collect 80 PDHs per year, 50 of which will be obtained from Professional Practice or "on-the-job" hours. Even if you work

*continued on the next page*

part-time, chances are you'll be able to get the total allotment of practice hours. The remaining 30 PDHs will come from a combination of activities such as courses, seminars, conferences, mentoring, and presentations.

[How will professionals keep track of and reflect on their practice and professional development?](#)

**Phi:** CIPHI has developed two excellent tools to support participation in the CPC Program. First, a Self Assessment Tool has been created to guide professionals in reflecting on their practice and in evaluating themselves against the discipline specific competencies. Second, there is a Detailed Activity Record which allows professionals to track and record PD activities. These two tools are now available to download in MS Word format on the CIPHI website. Online, web-based versions of both tools will be available on the website by mid-year 2010 (barring any future pandemics of novel and/or re-emerging diseases, of course).

[Should professionals be worried about the PD requirements?](#)

**Phi:** No, not at all. The PD requirements may seem high, but consider that there are exemptions for leaves of absence, retirement, and when resuming active practice. There will also be a depot of available continuing education courses made available.

[How will CIPHI monitor participants in the program to ensure they are meeting the requirements?](#)

**Phi:** A new entity of CIPHI has been established, called the Council of Professional Experience, which will administer the CPC Program. The Council will conduct all audits with the mindset that the audit process is not to be punitive, but instead be collaborative with the members to assist them in achieving professional development goals. Audits will occur on an annual basis for 5% of the Regular membership, which will be entirely random so, with my luck I'll probably be randomly selected for this first round of audits. Anyways, auditees will be asked to submit documentation to verify their PD activities, such as course receipts or certificates of attendance/participation.

[What happens if a participant doesn't meet the PD requirements?](#)

**Phi:** In cases of non-compliance, the Council will work with the member to plan out a remedial plan and to help them meet the targets. Once again, this isn't about punishing participants who do not reach the PDH target, but rather assisting them so they do reach the goal.

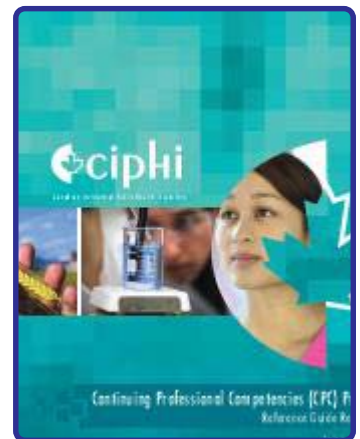
[Where can we find more information about the program?](#)

**Phi:** CIPHI sent hard copies of the official CPC Program Reference Guide Release 1.1 to all our members during Environmental Public Health Week 2010. Electronic copies are also available on CIPHI's website ([www.ciphi.ca](http://www.ciphi.ca)) for download. An email address ([cpcprogram@ciphi.ca](mailto:cpcprogram@ciphi.ca)) has been set up for all CPC related inquiries, including approval of educational opportunities for equivalent PDHs.

[Will the documents and forms be available in French?](#)

**Phi:** As a national organization we are cognizant of the need to ensure that all of our documentation is also available in French. The French version of the Reference Guide is available on the CIPHI website and hard copies have been sent to all of our francophone colleagues as well. A redesigned (and bilingual) website has been developed also.

Thanks for your time Phi. This is a wonderful time for CIPHI and the profession as a whole. We wish you an exciting year of professional development and competency building!



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# Retirees Across BC

## Bill Koberstein

Bill pictured with family (right), brother (below) and retirement cake (corner).  
Congratulations Bill!



Bill Koberstein retired after 37 years of Public Health service. Bills' retirement party was held at Newlands Golf and Country Club in Langley on March 19th 2010. Seventy one friends and family attended and gave Bill a wonderful send-off. George Rice was MC for the event and did a masterful job. Larry Percival and Tim Shum added a bit of humour and words of praise regarding Bill's lengthy career in public health. A most humorous skit was presented. Bill's daughter, Laura, sang for him. It was a song modified to a fishing theme. The gift given to him was a one of a kind, handmade specifically for Bill, Spey fishing rod. Bill will get many years of pleasure and relaxation with his new rod. He may even catch a few fish! His wife Jane and daughter Eva, put together a very good power point presentation of Bill's life and career with lots of great old pictures. All in all a great send-off for a great guy.



## Domenic Losito

Nick (left) was first hired as a public health inspector back in 1974. He retires now 36 years later as Director of Public Health Protection. Best wishes Nick!

## Retirements continued: Ron Craig, Russell Seltenrich, Jimmy Yee

Northern Health is losing 2 of its finest. Ron Craig and Russell Seltenrich are retiring after a combined 65 years of service to northern communities.

Ron started with us in March of 1987. Since then he's served as Chief, Coroner, and most recently as the Drinking Water Lead. He's worked tirelessly and with great respect for the people he's served, and has left them far healthier for his efforts. Russ started in NH in April of 1990, after having started his career in Saskatchewan. His skill and knowledge, particularly in the Food Program, have helped to develop the Provincial programs, and a whole-sluve of new EHOs. What's next for these two? Ron is continuing within the field, though as a private sectarian. Russ is busy working on this boat, after her untimely swim. Big plans afloat.

EHOs who have come and gone through NH have become better Environmental Public Health professionals for having been exposed to these two. You'll be missed.



Russell Seltenrich (left) and Ron Craig (right)

Jimmy Yee pictured centre



The north east side of Northern Health said goodbye to Jimmy Yee this March as well. Jimmy came to work with Northern Health as an EHO back in 1992. Throughout the years Jimmy was a dedicated EHO and then Drinking Water Leader, the position he leaves. Jimmy now turns his dedication to his garden which he says makes work seem easy! Best of Luck Jimmy.

## Vancouver 2010 continued

- Targeting each food facility with a thorough pre-opening inspection, followed by daily “quick hit” audit-type inspections and a mid-Games thorough inspection;
- Providing venue catering managers and VANOC Food and Beverage with copies of their reports, and posting all reports to the VCH Inspection Reports Public Portal (powered by Hedgerow Software) on a daily basis for all “inside the fence” and “outside the fence” food outlets;
- Developing an overall Food Safety Plan with VANOC, who then made adoption and implementation of the plan a requirement of their contracts with the various caterers;
- Working closely with our Fraser Health counterparts (Big Thanks to Tim Shum and his crew of EHOs!) to ensure that the food suppliers and caterers (including some Olympic Caterers) located within our neighbouring health authority were meeting all standards and requirements;
- Reviewing plans for each catering location and sitting down with the caterers closer to Games time to better understand the complexity of their menus (many were quite simple) and their critical control points.

“I just wanted to take a moment to express my deep appreciation to both you and your team at Vancouver Coastal Health for your help with our project at the 2010 Olympic Games for the U.S. Olympic Committee. Working in a new market is always challenging and having to do it in a one in a lifetime situation like an Olympic Games brings the challenge to a whole new level. We appreciate your help and flexibility with the permitting process and your guidance in navigating all the red tape that can come with putting on a production of this size.”

*An e-mail from Frank Lombardi,  
Framboise Catering Team, Caterers  
to the USA House at Vancouver 2010*

### Food Safety:

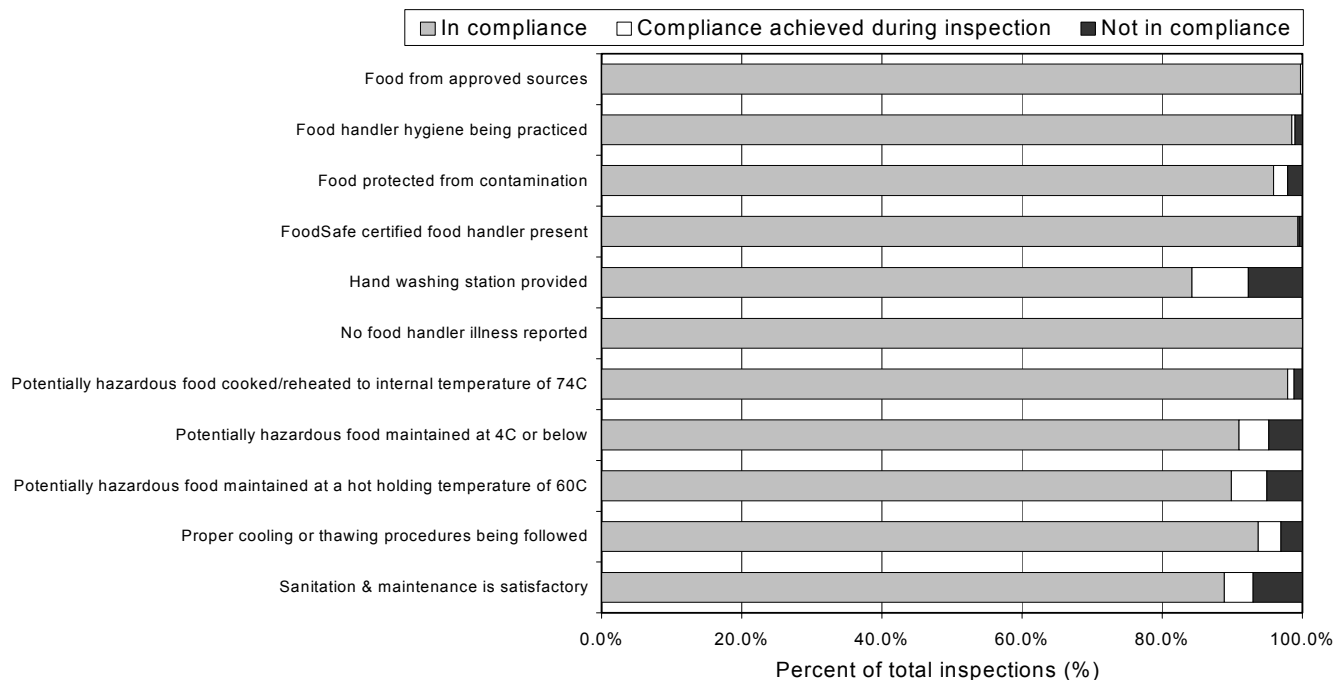
Food Safety monitoring was where we put the most emphasis, both inside the fence at venues and outside in the broader community at Olympic-related sites and with our existing food service establishments. Hey, we didn’t want to be blamed for interfering with a Gold Medal performance because someone came down with foodborne illness! Our Concept of Operations, worked out with VANOC Food and Beverage and the various caterers, saw us conducting a thorough pre-opening inspection of each temporary facility (some were pre-existing food services, such as at BC Place, GM/Canada Hockey Place and the Vancouver Convention Centre), followed by, at least initially, daily audit or quick-hit inspections. Mid-Games we planned for another thorough inspection followed by another week of daily (sometimes less frequent) inspections. The audit inspections involved the use of Hedgehog Classic on our tablet computers utilizing a drop down list of 10 to 12 major areas of food safety compliance (and a quick check of non-smoking compliance) with the resultant reports wired back to the Hedgehog server for distribution and ultimate same-day posting on the Public Disclosure website.

We inspected 143 “outside the fence” temporary food services as well as 274 “inside the fence” VANOC related food services in the 28 days of February, for a total of 417 facilities. There were 1282 inspections inside the fence and 784 outside the fence, and we even found time for 777 inspections of normal food services in the community.



# Vancouver 2010 continued

**Food facility inspection activity and compliance results\* for temporary food facilities  
Vancouver Coastal Health Authority, February 1 to 28, 2010**



\*Results based on 417 temporary food facilities (Olympic venues, pavillions and celebration sites) and 2,066 inspections.  
Source: Vancouver Coastal Health, Environmental Health.  
Prepared by: Vancouver Coastal Health, Public Health Surveillance Unit.

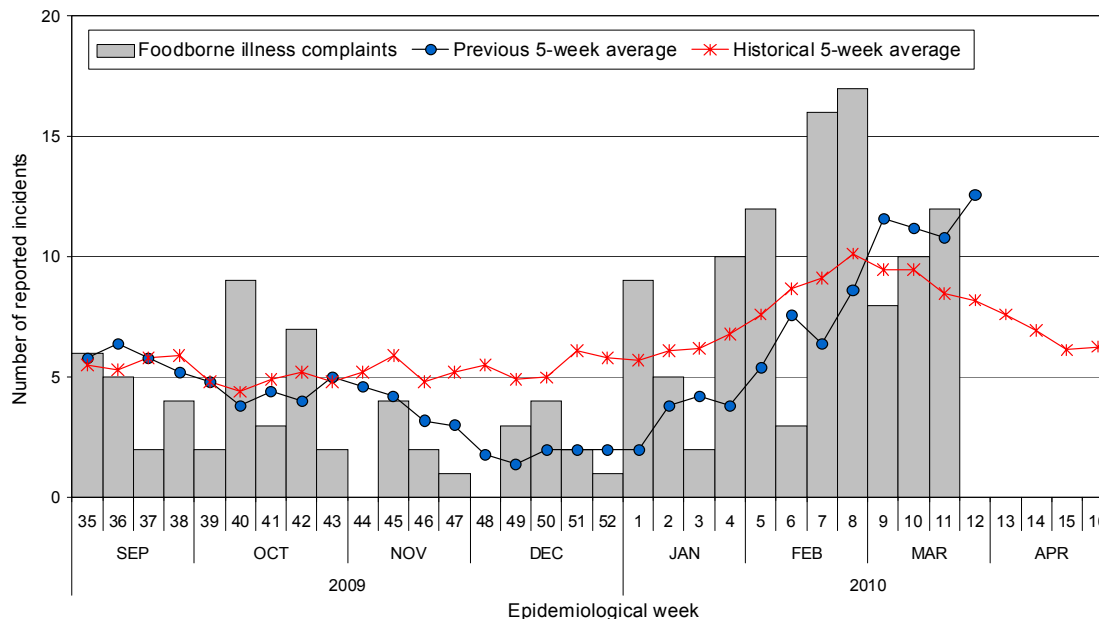
We found that in excess of 95% of inspection findings were recorded as either “In Compliance” or “Corrected During Inspection”, running contrary to some of the sensationalized media stories which trumpeted that fully 1/3 of Olympic Food Venues were “failing inspections”. Given our approach to the Olympic Games was to consider them as simply an exceedingly large (and complicated) special event, I’d have to say that we were generally quite pleased with the compliance levels. We did issue one Public Health Act order and were on the verge of one closure of a “National House”, but generally the food safety aspects were well-taken care of. We did have some challenges with the two Athlete’s Village Kitchens (where the largest number of meals were served and the greatest complexity of food preparation was involved) but these were mainly concerning tray and utensil washing/sanitizing and some temperature controls of displayed foods.

There was no evidence of food poisoning events associated with the Games. As the graph indicates, foodborne illness calls did increase above the historical 5-week average for the weeks of the Olympic (weeks 7 and 8) and Paralympic (weeks 10 and 11) period. These reports were likely due to circulating norovirus rather than food poisoning.

Food sampling was conducted throughout the Games and, except for a few exceedances at the Vancouver Yaletown Live City site (chicken left out at room temperature to cool) and a bit of an unsubstantiated scare related to sushi at the Whistler Athletes’ Village, we came through with a clean slate for the Food Sampling Program. At the Athlete’s Villages we required the retention for 72 hours of a number of selected entrée items, just in case we ended up with an adverse event among the athletes. Fortunately, all those samples were discarded with nothing to report in terms of any foodborne illnesses. We also had remote, radio-frequency real-time temperature monitoring in place at the two Athletes’ Village kitchens.

# Vancouver 2010 continued

**Foodborne illness complaints\* by epidemiological week<sup>†</sup>.**  
**Vancouver Coastal Health Authority, 2009/2010 compared to previous 5-week average and historical 5-week average<sup>‡</sup>**



\*Foodborne illness complaints do not include data from Coastal Rural Health Service Delivery Area. <sup>†</sup>The most recent week reported is "week to date". <sup>‡</sup>Includes data since 2007.  
 Source: Vancouver Coastal Health, Public Health Surveillance Unit (Foodborne Illness Incident Report Database).  
 Prepared by: Vancouver Coastal Health, Public Health Surveillance Unit.

## Drinking Water:

One of the challenges we faced was the delivery of water (for food preparation, utensil washing, hand-washing and toilet flushing) to temporary and remote sites. We went down to the wire working with VANOC and their contractors to ensure that the temporary (bladder-type) water and waste-water systems met the minimum requirements of the Drinking Water Protection Act and Regulations. The contractor was from the Netherlands and we had equivalencies to work out, sampling and monitoring protocols to establish and permits to issue. My thanks to Michael Wu and the Drinking Water Officers for the work they did to ensure that these temporary water systems were not introducing a risk to visitors, workers, the media or athletes during the Games period. We were also fortunate to have the Seymour state-of-the-art filtration plant come on line just before the Olympics and provide water that met all international and Canadian standards for safety and health concerns. Daily reporting of significant parameters by Metro Vancouver and the municipal water services was much appreciated and helped address any concerns that the IOC or VANOC might have had. The absence of “brown” water during the Olympics was a definite plus and, interestingly, Metro Van had to only contend with citizens asking why their water was “blue”!

Metro Van did experience a power outage which did disrupt the filtration and UV process for a short period in the middle of the night. Even then, drinking water quality was kept within expected health and safety parameters.

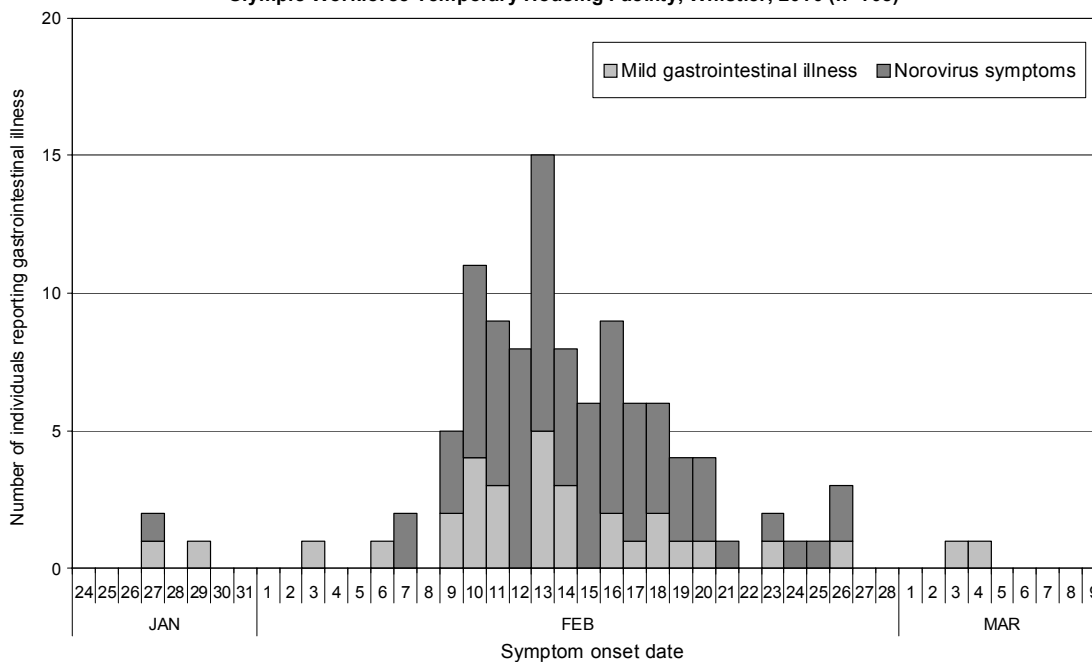
## Housing:

While we included “housing complaints” as an area we would look after in our Concept of Operations, little did we know that one particular temporary housing situation for VANOC workforce near Whistler

# Vancouver 2010 continued

would make the news from the beginning to the end (and beyond) of the Games. There were, at its peak, over 1200 security and other workforce members bunked at a temporary work camp, which utilized both construction-type trailers and refurbished shipping containers as sleeping/living quarters for the staff. Early on we began to get reports of noro-like illnesses and complaints of inadequate handwashing facilities, tight sleeping quarters and questionable food preparation practices. Our energetic staff in Sea-to-Sky jumped on this situation right away and found no major fault with handwashing or food preparation practices, but did note that the tight quarters could be one factor in the spread of norovirus among the workforce. The graph below shows the Epidemic curve for the noro-like symptoms at the workforce camp. The photo illustrates the tight living conditions the workforce at this camp was subjected to.

Number of individuals reporting gastrointestinal illness by symptom onset date.  
Olympic Workforce Temporary Housing Facility, Whistler, 2010 (n=108)



Source: Vancouver Coastal Health, Health Protection.  
Prepared by: Vancouver Coastal Health, Public Health Surveillance Unit.

We were prepared for a “rash” (excuse the pun) of bedbug complaints and we certainly received them, starting before the Games got underway with some German and Japanese media staying at some local motels/hotels. There was even a rumour of a Canadian athlete staying with the team in a Whistler condo complaining of bedbug bites. Our EHOs responded when requested by VANOC and investigated about half a dozen complaints about bedbugs. One e-mail complaint even included a graphic photo of a reporter’s hand almost completely covered with bedbug “bites”.



## Vancouver 2010 continued

“Smoke Free” Olympics:

We (kudos to Roopy Khatkar and our VCH team of Tobacco Reduction Coordinators) worked hard with VANOC and the IOC Medical Commission to establish a “2010 Smoke-Free and Tobacco-Free” Policy that would prohibit smoking, not only in indoor venues but anywhere outdoors once you were inside the security screening area. Unfortunately, VANOC acquiesced to pressure from IOC and National Olympic Committee/Sport Federation executives and decided to allow “limited” outdoor designated smoking areas. The administration of this policy then got handed over to the Venue Services department, who were less than enthusiastic about any enforcement of the policy. An evaluation of the success (or not) of the Policy is being finalized and will be passed on to the IOC Medical Commission for consideration when it comes to London 2012 and Sochi 2014.

Summary:

As the saying goes, “The best laid plans of VANOC and VCH.....” At the risk of expressing the obvious, working with a “temporary” organization the size and complexity of VANOC was, to say the least, “interesting”. VANOC was organized (likely out of necessity or perhaps based on the experience of previous Games) into functional “silos”. For example “Snow, Cleaning & Waste”, “Overlay”, “Venue Services” and “Food & Beverage”. Communications were often a challenge from at least two perspectives - trying to figure out who to contact at VANOC to get certain issues corrected and lack of communication between the various functional groups at VANOC.

In conclusion, I’d rather look at the glass being half full and conclude that we did make a difference with respect to ensuring that the health of spectators, visitors, workforce/volunteers, Olympic Family and athletes was well protected during the 2010 Olympic and Paralympic Winter Games! This would not have been possible without the dedication, efforts and enthusiastic commitment of the EHOs I’ve had the pleasure of working with! While the only tangible evidence of their contribution might be a very nice Olympic “uniform”, their memories of this once in a lifetime experience will stay with them and confirm that they made a difference. My Italian Mountain Rescue hat off to all of you who participated in some way! If you want a more complete review of the 2010 experience don’t miss the IFEH2010 World Congress (Sept 5-10) at the Westin Bayshore, where we’ve added an Olympic concurrent session track to one of the days!



Domenic Losito, MBA, REHO  
Recently Retired

## John A. Stringer Award

Pictured is Kelcey Watts receiving the John A. Stringer Memorial Award from Kuljeet Chattha on behalf of the BC Branch, CIPHI. The award was presented at the BCIT Winter Graduation Awards Ceremony held on March 18, 2010. Congratulations Kelcey.



# MarketSafe

*Fresh local food, handled with care*

MarketSafe is a new food safety training program for people who make, bake or grow products to sell at farmers' markets or other temporary markets. The program has been developed through a partnership between the BC FOODSAFE Secretariat and the BC Association of Farmers' Markets and is supported by the MarketSafe Advisory Committee, chaired by Sion Shyng of the BC Centre for Disease Control.

MarketSafe is a five hour classroom-based course that includes a 40 question final exam that requires a 70% passing grade (28/40). EHOs, food safety specialists and farmers' marketers from around the province contributed to the development of this exciting new program.

A MarketSafe Implementation Manual is currently under development and will be released to the Health Authorities in May. The Manual outlines the processes for certifying MarketSafe Instructors and issuing MarketSafe certificates to people who successfully complete . A provincial database that operates in much the same way as the provincial FOODSAFE database will be used to record the data for participants in the MarketSafe course.

With the market season now getting into full swing around BC, it is hoped that each Health Region will have certified MarketSafe instructors ready to deliver the course as soon as possible. The MarketSafe Student Workbook and Instructor Guide are now completed and available for purchase through [Crown Publications: Queen's Printer](#).

Jasmina Egeler of Vancouver Coastal has been appointed to represent Regional Directors of Health Protection Council (including the Fraser, Interior, Northern, Vancouver Coastal, and Vancouver Island Health Authorities) on the MarketSafe Advisory Committee. Jasmina and Si will be disseminating information about the implementation of MarketSafe early in May.

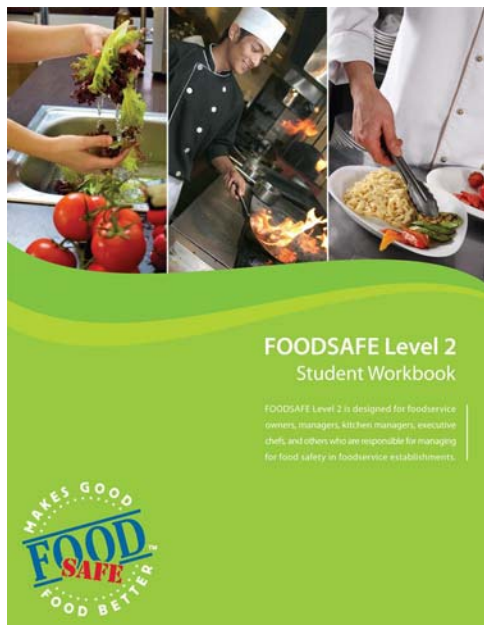


David Butt of Interior Health takes a serious approach to the development of MarketSafe.



MarketSafe program planners hard a work in Kelowna, BC (left).

## FOODSAFE Level 2—New & Improved!



Over the past year, a dedicated team of EHOs, food safety specialists, food service industry representatives and FOODSAFE instructors have been working on a complete revision and redesign of FOODSAFE Level 2. In February, a pilot of the online version of the course was conducted with sixteen food service operators and managers around the province. This month, Cina Opel from VIHA, Jasmina Egeler from Vancouver Coastal, and Kevin Touchet from Interior Health are conducting workshops on the face-to-face delivery with Level 2 instructors in those regions.

We have gathered a considerable amount of valuable and constructive suggestions and critique of the program from these pilot sessions, and are now working on some substantial changes and revisions to the new course. Because the changes are more significant than we originally planned, (including some editing of videos and the addition of new material), our release date of the new Level 2 course has been pushed back by several weeks. We are now expecting to have the new material 'on the shelf' and ready for purchase in July. This will give Level 2 instructors some time to use up their existing stock of the old Level 2 books and prepare for the brand new course. An offering of Level 2 Online will go ahead

as planned on May 1, 2010, facilitated by Wayne Smith, but then will go into hiatus until July while we make some changes to the online course.

The new Level 2 course consists of three modules: "Food Safety Basics"; "Managing for Food Safety"; and "Writing a Food Safety Plan". For the face-to-face classroom course, Module 1 is completed online before students come to the classroom course. This allows students to review the basics of food safety at their own speed and allows the instructor to spend course time focusing on the 'higher level' critical thinking and implementation required of supervisors and managers.

Because the delivery of the new course is much more interactive than the previous Level 2 course, and involves some technology that might be new to many, it is strongly recommended that Level 2 instructors allow themselves time to thoroughly review and 'test drive' the new Instructor Guide, HTML Presentation, and Student Workbook before teaching a classroom course.

**EHO's currently teaching FoodSafe who have Market experience may want to become MarketSafe instructors**



Steve Thomson, Minister of Agriculture and Lands, MP Stockwell Day, and Si Shyng of BCCDC award the first MarketSafe Certificate (right).



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## In Memoriam

Ming-Chung Yang passed away on February 14, 2010 in his homeland of Taipei, Taiwan after a courageous battle with cancer. He is survived by his son Eddie and daughter Rita. Ming was a retired Environmental Health Officer with the Vancouver Island Health Authority and Administrator of a nursing home. He took much pride in serving as the President of the Victoria Taiwanese Association and was a generous man who seemed to always have time for others. As an avid ping-pong player and devoted father, Ming had a passion for life and charming way about himself that is exhibited in his guitar and karaoke skills which will never be forgotten.

Ming obtained a PhD in Ecology from the University of California – Davis and subsequently received his CPHI(C) in 1977 at BCIT. He worked as both a Generalist and Specialist in the Health Protection Department with the Capital Health Region and then the Vancouver Island Health Authority when it took over delivery of all health services on Vancouver Island. Senior Environmental Health Officer Maxine Marchenski stated that, “Ming was considered the in-house expert regarding swimming pools and pool chemistry and was highly respected by his colleagues.” He will be missed by all those who knew him through his work, interests and his family, of whom he was very proud. A service was held at MCCALL BROS. FLORAL CHAPEL, Johnson and Vancouver Streets, on Thursday, March 18, 2010. A short reception followed. Donations may be made to BC Cancer Foundation. Condolences may be offered to the family at [www.mccallbros.com](http://www.mccallbros.com)



Ming-Chung Yang

## Board of Registration Dissolved

### A Special Thanks to Jessica Yip, David Butt & Yvonne Liang

The Canadian Institute of Public Health Inspectors has seen some exciting changes in the past few months with the development and implementation of the Continuing Professional Competencies Program. With this shift taking place we also saw the dissolution of the BC Branch Board of Registration. This Board was made up of three members, Jessica Yip, David Butt and Yvonne Liang. These dedicated members reviewed all new applications for membership, any applications for membership that had lapsed and any further work relating to the registration of members. The BC Branch would like to send out a heartfelt ‘Thank You’ to the members of this committee for all the time and effort you put in for so many years, you are much appreciated!

Registration related duties are currently being carried out by a Standing Committee of four executive members; Jasmina Egler, Paul Markey, Thasneem Sandi and Sarah MacDougall (chair).



# BC Branch Executive 2010

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## Editorial Policy

The objective of this newsletter is to keep the members of the BC Branch and other colleagues informed of local and national events that are of interest and importance to them.

The views, comments, or positions within the contents of the BC Page are those of the Editorial Team or the author and do not necessarily reflect those of either the BC Branch or the Canadian Institute of Public Health Inspectors.

The Editorial team reserves the right to edit material submitted, solicited or unsolicited, for brevity, clarity, and grammatical accuracy.

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